PATENT APPLICATION	I FEE	<b>DETERMIN</b>	ATION	RECORD
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Effective October 1, 2001

Application or Docket Number

741004.1005

		CLAIMS AS	FILED - (Column			mn 2)	SMAI		YTITY	OR	OTHER	
TC	TAL CLAIMS		19				RA	TE	FEE	1	RATE	FEE
FO	R		NUMBER I	FILED	NUMB	ER EXTRA	BASI	FEE	370.00	OR	BASIC FEE	740.00
то	TAL CHARGEA	BLE CLAIMS	/9 min	us 20=	* 4	0	X\$	9=		OR	X\$18=	
IND	EPENDENT CL	AIMS	3 mi	nus 3 =	* 0	7	X4	2=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT			+14	0=		OR	+280=					
* If the difference in column 1 is less than zero, enter "0" in			r "0" in c	olumn 2	TO	ΓAL	390	OR	TOTAL			
CLAIMS AS AMENDED - PART II								OTHER				
		(Column 1) CLAIMS		(Colur		(Column 3)	SM	ALL	ENTITY	OR	SMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	* 19	Minus	** 6	20	=	X\$	9=		OR	X\$18=	
AME	Independent	TATION OF MI	Minus	***	CLAIM	= / -	X4	2=		OR	X84=	
	THOTTHEOL	NIA TOTAL		LINDLIN	CLAIIVI	/	+14	0=.		OR	+280=	
							T ADDIT	OTAL FFF		OR	TOTAL ADDIT. FEE	_
		(Column 1)		(Colur	mn 2)	(Column 3)						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RA	ΓΕ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=	X\$	9=		OR	X\$18=	-
AME	Independent	*	Minus	***		=	X4:	2=		OR	X84=	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	ENDEN	CLAIM		+14	0=		OR	+280=	
							T	OTAL			TOTAL	
		(Column 1)		(Colur	mn 2\	(Column 3)	ADDIT.	FEE		10	ADDIT. FEE	•
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER OUSLY	PRESENT EXTRA	RA <sup>-</sup>	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=	X\$	9=		OR	X\$18=	
AME	Independent	*	Minus	***	T CL AIR4	=-	X42	2=		OR	X84=	
<u> </u>	rino i Priebe	NTATION OF M	JETIPLE DEF	ENDEN	CLAIM		+14				+280=	
		mn 1 is less than th					L	J= )TAL	-	OR	+280= TOTAL	
***	If the "Highest Nu	mber Previously Pa mber Previously P	aid For" IN THI	S SPACE	is less tha	n 3, enter "3."	ADDIT.	FEE			ADDIT. FEE	
	The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

## NOTICE OF FEE DUE

DATE: 111-04-00		
TO: Whility		1 u.s
FROM: Office of Initial Patent Examin	ation	Je97
SUBJECT: Fee Due	1	
APPLICATION NUMBER: 1005/2	-60	<b>4</b>
*		
A fee is due for the attached document subroffice for the following reason. Please che authorization to charge a deposit account. I charge the appropriate fee. If an authorization the fee deficiency.	ck the application If an authorization	n for the appropriate n is present, please
☐ Insufficient fee by check		
Insufficient funds in deposit account		
☐ Declined credit card		
☐ Non authorization for charge to deposit	account	
☐ No fee submitted per requirement <sup>2</sup>	_	
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The correct fee code:	amount	\$
The suspended fee code: 197	amount	- \$
Fee Due	amount	=\$
If you have any questions, please contact Cy Eleanor Kurtz at 703-308-3642.	nthia Streater at	703-306-5430 or
Terminal Operator Ralel	·:	